of each in	BUREAU OF VI	SOARD OF HEALTH TAL STATISTICS IFICATE OF BIRTH State File No. 72 Registered No. 72
mber	County State Wigaria	
the nu	District or Township or Village	
nnd t	City No. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number) [If child is not yet named, make]	
each, r	2. Full name of child / Supplemental report, as directed.	
٥	3. Ser of Child To be answered ONLY in event of plural births. 4. Twin, triplet or other of plural 5. No., in order of birth	Tes 7. Date of birth rule 21 - 1930
SEPARATE RETURN must be made order of birth stated.	8. FATHER Full name Orleans Started words	14. MOTHER Full maiden name
	9. Restitence 82 4 Line Dell St.	15. Residence (SQ 4 Line Oak An
	If non-resident, give place and state.	If non-resident, give place and state.
	10. Color or race 11. Age at last birthday 2 3 (Years)	16. Color or race Maxacow 17. Age at last birthday 16 (Years)
	12. Birthplace (city or place) Morewell	18. Birthplace (city or place) Alemeiro
e .	(State or country) Wrightin	(State or country) Chimama Mycas
birth	13. Occupation Minim	19. Occupation Housewife
ut n	Nature of industry	Nature of Industry
child	20. Number of children of this mother (2) Born alive a (3) Born alive a (4) Born alive b	
oue .	certified and including this child.) (c) Stillborn.	
e thun	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.)	
s of more	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	Otora Cortin
- Call	shows other evidence of life after birth. Given name added from a supplemental report Address 806 Sullivague of Marchael Company of Marchael Com	
Ė	a supplemental report Month, day, year Address.	1 2 2 1 1 2
z Registrar Filed 104 1, 19 50 6 6 Registrar		My 21, 19 Se Oc O Registrar
	" your of my	hay very / _ ///